

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047312

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 145

STATE FILE NUMBER

FILED JAN 3 1964

1. PLACE OF DEATH

a. COUNTY

Carroll

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Carroll

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN CarrolltonLength of stay in 1b  
5 hrs.c. CITY  
OR  
TOWN

Norborne R. 3

Inside Limits  
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTIONCarroll County  
Memorial HospitalInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS

3 M .S.E. of Norborne

Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

JOSEPH

A.

FECHER

4. DATE  
OF DEATHMonth  
Dec.Day  
28Year  
1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/27/1888

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (City and state or country)

Carroll County, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

August Fecher

13b. MOTHER'S MAIDEN NAME

Bertha Long

14. NAME OF HUSBAND OR WIFE

Anna Fecher

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of serv)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Joseph Fecher, Norborne, Mo. R. 3

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN  
ONSET AND DEATH

5 hours

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Advanced Arteriosclerotic Heart

5 yrs.

DUE TO (c)

Disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (e)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY : Hour : a.m. : p.m. : Month, Day, Year20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1960 to present and last saw him alive on 28 Dec. 1963

Death occurred at 7:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John J. O'Quinn, M.D.

22b. ADDRESS

Carrollton, Mo.

22c. DATE SIGNED

12-30-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

12/30/63

23c. NAME OF CEMETERY OR CREMATORY

Sacred Heart Cem.

23d. LOCATION (City, town, or county)

Carroll County

(State)

Mo.

FUNERAL DIRECTOR  
Gibson Funeral Home, Norborne, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

12-30-63

26. REGISTRAR'S SIGNATURE

Mary Jean

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

0171

20170

3

4 0

5 1

6

7 0

8 2

9 1200

10

11

12 5-0

13 2-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James F. Tibson*

Licensed Embalmer No.

5076

P. O. Address

Carrollton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.